



**Transfer Protocol Between Provider
Network Organizations (PNO)
Attachment 3.17.2**

I. Transfer Guidelines

1. Requests for transfer must be initiated and/or agreed upon by the parent and/or guardian.
2. If the request for transfer is due to lack of services or dissatisfaction, clinical leadership at the transferring PNO will meet with the parent/guardian to discuss.
3. PNOs will respect the parent's and/or guardian's choice and voiced request to transfer services to another PNO.
4. Only clients who are Title XIX, Title XXI and House Bill funded will be considered for transfer to another PNO.
5. The receiving PNO may choose to use Single Case Agreements to provide those services it is unable to provide with its own employed/contracted staff. Lack of staff and/or clinical resources at the receiving agency is not sufficient reason to refuse a transfer.
6. PNOs will respond to the request to transfer within 10 days.
7. Transfers for children who are in or pending out-of-home placement will be planned to occur after the child is returned to the community (except when the behavioral health system is not funding the placement). The receiving PNO representative will be invited into the Child and Family Team (CFT) and/or discharge staffing meetings to best coordinate the child's return to community-based services. If the parent/guardian requests the transfer before the discharge date, the CFT will plan for the transfer and the receiving PNO will be included.
8. Child Protective Services-placed children will receive preference for transfer with the following considerations:
 - Children who are transferred to a new shelter or foster home should be transferred to an agency closest to the child's residence if requested by the guardian and in collaboration with the receiving foster parents.
 - Sibling groups should be treated by the same provider agency if clinically appropriate.

II. Transfer Process

1. The Clinical Director/Single Point of Contact of the treating PNO will contact the parent and/or guardian to inquire into the reason for the transfer of treatment request.
2. The Clinical Director/Single Point of Contact at the PNO will work with the parent and/or guardian to make clinically appropriate accommodations (e.g., changing Single Point of Contact, changing prescriber, changing case manager) to encourage the parent and/or guardian to continue treatment without transferring the child's care to another PNO.



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3. If the Parent/Guardian desires a transfer to another PNO, the transferring agency initiates the Single Point of Contact EAD Change/Update Form.
4. The Clinical Director/Single Point of Contact initiating the request must ensure the transfer is managed in a clinically appropriate manner (e.g., coordination of medication coverage, lab work). The transferring PNO shall obtain a signed release of information from the parent or guardian to send records to the receiving PNO. At a minimum, the records should include (as approved by the signed release): the current treatment/service plan; the most recent assessment and strengths and culture discovery; CFT notes, progress notes, lab reports, and psychiatric progress notes from the last 90 days; the most recent psychiatric evaluation; and the medication administration record. The Clinical Director/Single Point of Contact from the transferring PNO will place a personal telephone call to the Clinical Director/Single Point of Contact receiving the case and will discuss any needs or circumstances involving the individual such as court ordered treatment, court ordered evaluations and/or special treatment needs.
5. The Clinical Director/Single Point of Contact or designee from the transferring PNO is required to sign off on the Magellan PNO/Agency/Single Point of Contact Update Form and fax it to the receiving agency for completion.
6. In all cases in which a client is being treated with medication, the transferring PNO shall ensure a 30-day supply (from the date of transfer) is given to the client prior to transfer to the new PNO. The receiving PNO is responsible for ensuring a medication management appointment is set within 30 days of the date of transfer so that medications are not disrupted.
7. Follow up to determine if the client attended her/his first appointment will be done by the transferring PNO by placing a phone call to the receiving PNO within five days of the scheduled appointment.
8. The receiving agency's Single Point of Contact or designee must sign the completed Magellan PNO Agency/Single Point of Contact Update Form and fax it to Magellan Enrollment Department (602-914-5991).
9. The receiving agency Clinical Director/Single Point of Contact sends a final copy of the signed Magellan PNO/Agency/Single Point of Contact Update Form to the initiating PNO (Medical Records Department).
10. The Interagency PNO Client Transfer Form is to be completed by the transferring Clinical Director/Single Point of Contact and accompany the client records at the time of transfer.
11. The start date for the Single Point of Contact/Provider Agency change is the date of the first appointment/service, as recorded, after the Magellan PNO/Agency/Single Point of Contact Update Form is received by Magellan.
12. The transferring PNO is responsible for ensuring, through the roster management process and review of MHS, the client being transferred is no longer on their roster and the receiving PNO is responsible for ensuring, through the roster management process and review of MHS, the client is now on their roster.